| | ENT/APPLICATION REE DETERMINATION RECORD | | | Application or Docket Number | | |
|-------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------|----------------------------------|--|
| | CLAIMS AS FIL | inuary 1,;2003 | SM | ALLENTITY | OTHER THANK OR SMALL ENTITY | |
| TOTAL CLAIMS | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MBER FILED . NUMBE | | VITEL MEET, SICHEE 875.00 | FRATE TEE. | |
| TOTAL CHARGEA | | minus 20-5 | | (\$9 X 42= 3 3 3 3 3 3 3 3 3 3 | OR | |
| MULTIPLE,DEPE | ndenit claimprése din column 1. Is less (1 | | Siumai2 | 140= OTAL | OR :280= 7/50 | |
| | LAIMS AS AME (Column 1) | o di Karana da karan | | WALL EXIDITY | OTHER THAN OR SWALL ENVIRY. | |
| MENTA | CEVAIMS REMAINING ACTION AMENDMENT | NUMBER PREVIOUSLY PAID FOR | PRESENT BXTRA | ADDI- RATTE TIONALS FEE | RATE TIONAL FEEL | |
| Total Independent | Minu Minu ENTATION OF MULTIP | | | X42= 1 4 1 | OR X84= | |
| | | | | ∓140 F-TOTAL DDITFEE | OR +280= TOTAL OR ADDITIES | |
| MB. | (Column1) CLAIMS REMAINING AFTER | (Column 2) - THIGHEST - NUMBER - PREVIOUSIN | (Column 3) PRESENT | RATE TIONAL | PATE TIONA | |
| iii Voial Voial Independent | | US A A A A A A A A A A A A A A A A A A A | | X\$ 9=! | OR X\$18= 0 | |
| independent First Pres | SENITATION OF MULTI | PLE DEPENDENT CLAIM | | +140= | OR +280= | |
| | (Column 1) | (Column 2) | (Column 3) | TIOTIAL DOTI FEE ADDI- | T ADD | |
| ENDWENT G | REMAINING AFTER AMENDMENT | RUMBER PREMIOUSLY PAID FOR 1 | | RATE TIONAL FEET X\$95 | rate tion/ ref or x518= | |
| Independent First Pre | MINTERNATION OF MULTI | nus Propendent CLAIN | | X42=1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OR X84 | |
| : littine entry in c ::::40 the 15tghest :::10 the 15tghest | Kilimberdeheviously Paid F | | olumn 3 an 20 enteri 20 " | TOTAL DOTTER | OR ADDITIES | |
| | Number Previously Paid Fo | ör in THIS SPACE is less t or (Total of Independent) is t | ieanignesi number 10u | | WALL STAN | |